GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:5672
ANSWERED ON:07.04.2017
Global Burden of Disease Report
Solanki Dr. Kirit Premjibhai

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware of the latest Global Burden of Disease Report (2015) which shows that despite economic growth, health indicators in the country haven't improved as much as in the past decade, if so, the details thereof and the reaction of the Government thereto
including action taken to tackle this menacing issue;

(b) whether self-harm deaths have increased over the years and if so, the details thereof along with the measures undertaken by the Government to deal with the same; and

(c) the details of Centrally Sponsored Schemes to improve the health indicators and status along with State/UT-wise budget allotment and utilisation during the last three years?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a): Global Burden Disease report (2015) has compared results in current study with 2005 observations and India has shown improvement across multiple indicators. For instance, the life expectancy has improved (for males as well as females) and mortality for under 5 age group has reduced too. Additionally, mortality due to various diseases has reduced. For instance, the mortality (between the years 2005 and 2015) is reduced for lower respiratory infections (by 22.6%), diarrhoeal diseases (by 31.7%), tuberculosis (by 30.7%), neonatal preterm birth (by 39.5%), neonatal encephalopathy (by 31%) and road injuries (by 2.7%). However, there is an increase in the burden of ischemic heart disease and diabetes.

The Ministry of Health and Family Welfare is aware of the increase in burden of the non-communicable diseases and has launched a screening and control programme for five common non-communicable diseases, namely Hypertension, Diabetes, and Cancers of oral cavity, breast and cervix.

(b): As per the Global Burden of Disease report for India, the deaths due to self-harm for the period 2005 to 2015 have declined by 3.9%.

(c): The Centrally Sponsored Scheme (CSS) National Health Mission (NHM), has two sub-missions, viz. the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). While NRHM was launched in April 2005, NUHM was launched in 2013. NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. The main programmatic

components include Health System strengthening in rural and urban areas, Reproductive- Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases. Under NHM, support is provided to the States/UTs to strengthen their health care system based on the requirements posed by them under Programme Implementation Plans. Funds allocated, released and expenditure incurred State/UT wise are given at Annexure 1.

To meet the shortfall of human resource in health, the government is implementing a Centrally Sponsored Scheme for "Establishment of new Medical Colleges attached with existing district/referral hospitals" with fund sharing between the Central Government and States in the ratio of 90:10 for North Eastern /special category states and 60:40 for other states. This scheme was approved in January, 2014. 58 districts in 20 States/UTs have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Out of these, 53 have been approved till date. Funds released to the State Governments for the approved districts under the scheme are given at Annexure-2.

Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country: - This scheme was approved in January, 2014. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. 22 Medical Colleges have been approved under the scheme to increase UG seats. Funds released under this scheme are at Annexure-3.

Strengthening and upgradation of State Government Medical colleges for starting new PG disciplines and increasing PG seats: - The scheme was launched in the XI Plan period with the objective to strengthen and upgrade State/Central Government Medical Colleges to create new PG seats. The funding pattern between Centre and States is in the ratio of 60:40. A total of 72 Government Medical colleges in 21 States/UTs are covered under the scheme for increasing PG seats. Funds released under the scheme are at Annexure-4.

Rashtriya Swasthya Bima Yojana (RSBY), a Centrally Sponsored Health Insurance scheme is being implemented by this Ministry which covers BPL families (a unit of five) and other categories namely Building & Other Construction Workers, licensed Railway porters, Street Vendors, MGNREGA workers (who have worked for more than fifteen days during preceding financial year), Beedi workers, Domestic workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers and Auto/Taxi drivers, who are enrolled under RSBY. They are entitled for health insurance coverage of Rs.30,000/- cashless per annum per family. The Senior Citizens Health Insurance Scheme (SCHIS) as top up over existing RSBY scheme has been implemented from 01.04.2016 for senior citizens aged 60 years and above. SCHIS provides enhanced coverage of Rs. 30,000 per senior citizen in the family eligible for coverage under RSBY. Under RSBY there is no State/UT-wise allocation of funds. Central Government releases its share of premium to State Governments on the receipt of their proposals. The State/UT-wise details of the funds released to State Governments during last three years are at Annexure-5.